



Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL573443581US

Date of Deposit: 08/21/2000

Ref: Case Docket No.: P3251

First Named Inventor: Igor Neyman et al.

Serial Number: 08/928,861

Filing Date: 09/12/1997

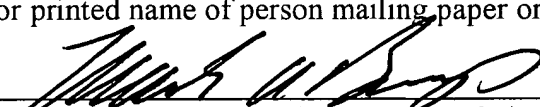
Title of Case: Improved Call Center Apparatus and Functionality in Telephony

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment F.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)

044 4700 08-23-00 GAY 2748
"Express Mail" Mailing Label Number: EL573443581US

CASE DOCKET NO. P3251

In reference to application of Imre Neyman et al.

Serial No. 08/928,861

For Improved Call Center Apparatus and Functionality in Telephony

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☐ Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	16	Minus	**20	0	\$09.00	\$18.00	\$0.00
Indep Claims	3	Minus	***3	0	\$39.00	\$78.00	\$0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$0.00
Total additional for claims and time extensions							\$0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of _____ is attached.

☐ Charge \$ _____ to deposit account _____ (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted, 

Donald R. Boys
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